

City of El Paso Arts and Culture Department

APPLICATION FOR FUNDING - Page 1

Two Civic Center Plaza, 6th floor • El Paso, Texas 79901 • 915-541-4481 • Fax: 915-541-4902

This application is also available on our Web site at: www.elpasoartsandculture.org

Submit one signed (1) Original & one (1) copy (typed and legible).

READ CURRENT GUIDELINES BEFORE APPLYING

DEADLINE: DECEMBER 1, 5:00 P.M.

APPLYING FOR ☐ **ACD** Funding and/or ☐ **TCA** Funding

☐ **Category I**/TCA Project Support for (Title of project) _____

☐ **Category II**/TCA Project Support for (Title of Project) _____

Proposed project is: ☐ New ☐ Continued ☐ Expanded

AMOUNT REQUESTED FROM ACD \$ _____ **FROM TCA** \$ _____

Organization Fiscal Year: BEGIN _____ END _____
Mo/Day/Year Mo/Day/Year

Exact dates of project: BEGIN _____ END _____
Mo/Day/Year Mo/Day/Year

Project development dates: BEGIN _____ END _____
Mo/Day/Year Mo/Day/Year

NOTE - Funding requested must be for use within the City's next fiscal year. Example: Applications submitted 12/01/04 are for funding and projects occurring between 09/01/05 and 08/31/06.

Legal Name of Applicant (Non-Profit Organization) _____

Department (If applicant is Educational Institution) _____

Mailing Address _____ Zip Code _____

Street Address _____ Zip Code _____

Phone # _____ Fax # _____ E-mail _____

Date of Incorporation _____ Federal Employer's Identification Number _____

UMBRELLA APPLICATIONS ONLY

(Umbrella applications require a contract or letter of agreement between the Umbrella Organization and the Covered Entity).

Name of Covered Entity _____

Address: _____ Zip Code _____

Phone # _____ Fax: _____ E-mail _____

Provide **Complete Legal Names**, Address, Phone/Fax/E-mail for the following individuals:

Authorized Official/Board Chair

Name _____
Address/Zip _____
Phone/Fax/E-mail _____

Project/Executive Director:

Name _____
Address/Zip _____
Phone/Fax/E-mail _____

Artistic Director:

Name _____
Address _____
Phone/Fax/E-mail _____

Business Manager:

Name _____
Address _____
Phone/Fax/E-mail _____

***Contact Person** (mark with * person who completed this form and /or can answer questions)

List Elected Officials and District Numbers for address of applicant's administrative offices:

City Council Representative & District #
(Available from City Clerk's office, 541-4127)

Texas House of Representatives & District #
(Available from County Elections Director, 546-2154)

U.S. Congress (not U.S. Senator) & District #
(Available from County Elections Director, 546-2154)

Texas Senate & District #
(Available from County Elections Director, 546-2154)

ANSWER ALL QUESTIONS - USE OUTLINE FORM - NUMBER RESPONSES TO MATCH QUESTIONS - USE BULLETS FOR KEY POINTS - LARGE, READABLE TYPE - USE ONLY SPACE PROVIDED – DO NOT ATTACH ADDITIONAL PAGES

1. Background and Mission Statement of organization.

2. Project title and detailed description (who, what, when, where, etc.).

ANSWER ALL QUESTIONS - USE OUTLINE FORM - NUMBER RESPONSES TO MATCH QUESTIONS - USE BULLETS FOR KEY POINTS - - USE ONLY SPACE PROVIDED - DO NOT ATTACH ADDITIONAL PAGES

ARTISTIC MERIT (1 – 40 Points)

1. How will the project promote artistic excellence, support outstanding artists and/or preserve an art form?
2. Detail relevant qualifications of project director.
3. Detail organization's record for creation and/or presentation of meritorious artistic programming.

SERVICE TO GENERAL COMMUNITY AND ARTISTS (1 – 20 Points)

1. How was the project developed? Detail strategy for reaching your target audience.
2. Will the project meet a need not otherwise being met and/or respond to a particular cultural heritage?
3. Will the project offer employment opportunities for artists and technical assistance to the community?

ANSWER ALL QUESTIONS - USE OUTLINE FORM - NUMBER RESPONSES TO MATCH QUESTIONS - USE BULLETS FOR KEY POINTS - USE ONLY SPACE PROVIDED - DO NOT ATTACH ADDITIONAL PAGES

ACCESSIBILITY, OUTREACH AND DIVERSITY (1 – 20 Points)

1. How will the project be made accessible to all audiences and/or participants?
2. Detail any community outreach efforts associated with the project.
3. Do your organization's staff and board reflect the diversity of the community? If not, why?

ADMINISTRATIVE AND FINANCIAL CAPABILITY (1 – 20 Points)

1. Cite organization's record of successfully completed projects, qualifications of paid and un-paid personnel, evidence of ongoing community support for organization and/or proposed project.
2. List all other funding types (E.g. Corporations/Foundations/Individuals) for proposed project and their status (confirmed or pending).
3. Detail funding plan for maintaining current and future operations and/or continuation of project.

THE FOLLOWING INFORMATION WILL BE PART OF YOUR FINAL REPORT TO ACD, AND ACD'S FINAL REPORT TO ITS FUNDING SOURCES.

- **PERSONNEL INFORMATION** - Anticipated number of participating artists and non-artist personnel.

Total # of artists	_____	Total # of non-artist personnel	_____
# of paid artists	_____	# of full-time personnel	_____
# of un-paid artists	_____	# of part-time personnel	_____
# of guest artists	_____	# of volunteers	_____
# of minority artists	_____		
(may not always equal 100%)			

- **ACTIVITY INFORMATION** - Schedule and ticket prices.

Number of activities per month: _____	Average price per event: \$_____
Number of months per year: _____	Price range: \$_____ to \$_____
Hours open to public: _____	Total number free admissions: _____

Anticipated number of events/attendance in each category. Example: **2/300 means 2 events with total attendance of 300 people.**

Performances	_____ / _____	Festivals	_____ / _____
Lecture/Demonstrations	_____ / _____	Conferences	_____ / _____
Master Classes	_____ / _____	Publications	_____ / _____
Seminars/Workshops	_____ / _____	Commissions (original works)	_____ / _____
Open Rehearsals	_____ / _____	Other _____ / _____	
Exhibitions	_____ / _____	Specify: _____	

- **DISCIPLINE** - Select **ONE** category, which best describes proposed project.

<input type="checkbox"/> Dance	<input type="checkbox"/> Design Arts	<input type="checkbox"/> Folk Arts
<input type="checkbox"/> Music	<input type="checkbox"/> Crafts	<input type="checkbox"/> Humanities
<input type="checkbox"/> Opera/Music Theatre	<input type="checkbox"/> Photography	
<input type="checkbox"/> Theatre	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Multi-Disciplinary
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Literature	

List major events/exhibits/programs and provide attendance for the last two years:

Events/Exhibits/Programs	Attendance Year Before Last	Attendance Last Year
Total Attendance		

ACD MUST REPORT THE FOLLOWING INFORMATION TO ITS FUNDING SOURCES. DEMOGRAPHICS AVAILABLE FROM *CITY PLANNING, 541-4721*.

- Population of service area, including community, city, surrounding counties, or area to which your organization's programs and services are available: _____
- **Audience Involvement** - Include total estimated audience, students, participants or others to be served by this project. Exclude performers and employees.
 Total # persons to be served: _____
 Number of Youth (ages 1-18): _____
 If carried on TV or radio, estimate# persons to be reached: _____
- **Audience Served** - Check the category, which best describes the majority of people to be served.
 - ☐ Rural
 - ☐ Inner city neighborhood
 - ☐ Urban
 - ☐ Suburban
 - ☐ All
- **Number of persons with disabilities** to be served through special programming - _____
 For example: outreach to populations with disabilities, interpreted performances, or rated assisted listening devices.
- **Audience Characteristics** - Check the categories, which best describe your target audience and give specific description in the space provided. (Example: "Age group - Youth 1-18," or "People with disabilities - Visually impaired.") If you check "General," also show other specific categories.
 - ☐ Age group _____
 - ☐ People with disabilities _____
 - ☐ Institutionalized _____
 - ☐ Ethnic group _____
 - ☐ General _____
 - ☐ Other if not noted above _____
- **Educational Audiences** - Select one of the 3 categories below (A, B or C)
 - A.** ☐ 50% or more of the project's activities will be arts education for:
 - ☐ Pre K
 - ☐ K – 12
 - ☐ Higher Education
 - ☐ Adults
 - B.** ☐ Less than 50% of this project's activities will be arts education for:
 - ☐ Pre K
 - ☐ K – 12
 - ☐ Higher Education
 - ☐ Adults
 - C.** ☐ This project will **not** involve arts education

1. Individuals to be served - Approximate ethnic breakdown by percentage. Must total 100%. May be based on applicant's documentation or observation. DEMOGRAPHICS AVAILABLE FROM *CITY PLANNING, 541-4721*.
2. Applicant organization's staff and board - List number of individuals in each category.

1. **Individuals to be served**

% Breakdown (must total 100%)

_____ %	N - American Indian/Alaskan Native
_____ %	A - Asian/Pacific Islander
_____ %	B - Black
_____ %	H - Hispanic
_____ %	W - White
_____ %	M - Multi-Racial

2. **Staff** **Board**

Number of Each

# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____
# _____	# _____

1. All applicants must complete the two-page PROJECT BUDGET - Income (pg. 8) and Expenses (pg. 9)

- All budget figures should be for the **proposed project only**, not for the entire organization - unless the project is the organization's **only** activity.

Tip: Assigning the request amount to specific line item(s) on page 9 will simplify documentation of expenditures.

- **In-Kind support may not be applied toward matching funds.** In-kind includes goods and services that would normally be paid for but are expected to be donated to the project. Volunteer time is based on minimum wage or the current rate for the service.
- The Project Budget must be submitted several times over the course of the funding process:
 - With the **Application** - most or all figures will be **projected**.
 - With the **Application Amendment/Revised Budget** - figures will be **revised** to reflect the actual amount of funding awarded for the project.
 - With the **Final Report** - all figures for the completed project will be **actual**. (If your project has surplus or deficit, your Income and Expenses *might* not be identical.)

2. All applicants must submit a Project Budget Detail - (There is No form for this) A one or two-page breakdown showing how all figures entered under Income page 8, and Expenses page 9 and In-Kind were calculated. Example: Earned Income

Admission Charges, etc.	\$1,000 =	Season ticket sales	@ \$700
		Individual ticket sales	@ \$300
Concessions, sales, etc.	\$800 =	T-Shirt sales	@ \$300
		Program advertising	@ \$500

3. All applicants must complete the 3-YEAR/Short Form below.

- Independent non-profit organizations should provide figures for the **entire organization**.
- Entities of government (including government-funded educational institutions) should provide figures for the **proposed project only**, not the entire organization. If the project is new, figures should be for the **department** that will be directly responsible for the proposed project.
- Umbrella applicants (Covered Entities) should provide information **for the non-profit umbrella organization sponsor**.

3-YEAR *Short Form*

FOR BOTH CATEGORY I AND II APPLICANTS

The information below is for _____

See Instructions #3 above **NAME OF ORGANIZATION, DEPARTMENT OR PROJECT**

APPLICANT ORGANIZATION'S FISCAL YEAR:

	<u>Previous</u> Fiscal Year	<u>Current</u> Fiscal Year	<u>Next</u> Fiscal Year
	Actual Figures	Approved Budget	Projected Budget
Total Income (all sources)	\$ _____	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____	\$ _____
Total In-Kind	\$ _____	\$ _____	\$ _____
Funding through City (ACD &/or TCA)	\$ _____	\$ _____	\$ _____
Funding directly from TCA	\$ _____	\$ _____	\$ _____

3. Organizations with annual operating revenues of **\$300,000 or more** applying for Category I must complete the two-page **3-YEAR/Long Form - Income and Expenses, pages 10 & 11. Long Form totals should be transferred to the Short Form (above)**. Entities of government (including government-funded educational institutions) do **not** need to complete the 3-YEAR/Long Form.

SEE INSTRUCTIONS ON PAGE 7 BEFORE COMPLETING FINANCIAL INFORMATION**INCOME****ROUND FIGURES TO NEAREST DOLLAR.**

- 1. CASH** from Prior Year(s) or Organizational Funds
Available for this Project

Total Cash Available

\$ _____
\$0

2. EARNED INCOME

- a. Admission charges, subscriptions, box office
 b. Concessions, sales, parking, publications, advertisers, etc.
 c. Tuition, class/workshop fees
 d. Contracted services (performances, exhibitions, etc.)
 e. Interest on investments, endowments
 f. Rental income
 g. Other earned income (specify) _____

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Total Projected Earned Income

\$0

3. UNEARNED INCOMEMark **P** for Pending or **C** for Committed**GOVERNMENT SUPPORT (Itemize)**

- a. Local Government (**Not** including this request)
 b. Hotel/Motel tax
 c. Other city (**Not** Hotel/Motel tax)
 d. County/Regional
 e. State (**Not** TCA)
 f. Funding Directly from TCA
 g. Federal NEA ☐ NEH ☐ Other _____
 h. Other unearned income (specify) _____

\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>

PRIVATE SUPPORT (Itemize)

- a. Fundraising
 b. Individual contributors/sponsors
 c. Memberships
 d. Corporations/Businesses
 e. Foundations
 f. Other (specify) _____

\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>
\$ _____	P <input type="checkbox"/>	C <input type="checkbox"/>

Total Unearned Income

\$0

CASH RESOURCES (Total of Sections 1, 2, and 3 above)**\$0****Must equal Column A on Page 9 EXPENSES****ACD FUNDING REQUEST****Must equal Column B on Page 9 EXPENSES**

\$ _____

TCA FUNDING REQUEST**Must equal Column C on Page 9 EXPENSES**

\$ _____

ACD/TCA Total**\$0****TOTAL CASH RESOURCES Must equal Column D on Page 9 EXPENSES****\$0**

SEE INSTRUCTIONS ON PAGE 7 BEFORE COMPLETING FINANCIAL INFORMATION**ROUND FIGURES TO NEAREST DOLLAR****EXPENSES**

	A Cash	+	B ACD Funding	+	C TCA Funding	=	D TOTAL (A+B+C)
1. ORGANIZATIONAL PERSONNEL							
If Educational Institution, please indicate if the cash match of this section is for RT (Release Time) or S&W (Salaries & Wages)							
a. Administrative _____	\$		\$		\$		\$0
b. Artistic _____	\$		\$		\$		\$0
c. Technical _____	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
e. Fringe Benefits	\$		\$		\$		\$0
Total Organizational Personnel	\$0		\$0		\$0		\$0
2. IMPLEMENTATION							
a. Fees for Outside Professional Services/Contracts							
i. Administrative	\$		\$		\$		\$0
ii. Artistic	\$		\$		\$		\$0
iii. Technical	\$		\$		\$		\$0
b. Space Rental	\$		\$		\$		\$0
c. Travel and Transportation	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
Total Implementation	\$0		\$0		\$0		\$0
3. MISCELLANEOUS OPERATING EXPENSES							
a. Equipment Rental	\$		\$		\$		\$0
b. Shipping	\$		\$		\$		\$0
c. Supplies and Materials	\$		\$		\$		\$0
d. Exhibition Rental Fees	\$		\$		\$		\$0
e. Marketing and Promotion	\$		\$		\$		\$0
f. Printing	\$		\$		\$		\$0
g. Insurance	\$		\$		\$		\$0
h. Production or Exhibit Costs (Specify)	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
i. Other Expenses (Specify)	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
j. Other Artistic Fees	\$		\$		\$		\$0
Total Misc. Operating Expenses	\$0		\$0		\$0		\$0
TOTAL EXPENSES (Sections 1, 2, & 3 above)	\$0		\$0		\$0		\$0

**** NOTE: THESE TOTALS SHOULD MATCH THE TOTALS GIVEN ON PAGE 8 INCOME.**

THIS FORM IS FOR ORGANIZATIONS WITH MINIMUM ANNUAL OPERATING REVENUES OF \$300,000 APPLYING FOR CATEGORY I ONLY. LONG FORM TOTALS SHOULD BE TRANSFERRED TO THE 3-YEAR/Short Form on Page 7.

ACD/2004

(NOT for umbrella organizations or entities of government, including government-funded educational institutions.)

THIS FORM IS FOR ORGANIZATIONS WITH MINIMUM ANNUAL OPERATING REVENUES OF \$300,000 APPLYING FOR CATEGORY I ONLY. LONG FORM TOTALS SHOULD BE TRANSFERRED TO THE 3-YEAR/Short Form on Page 7.

Organization Name: _____

EXPENSES

Use figures for organization's fiscal year

	1. <u>Previous</u> Fiscal Year Actual Figures	2. <u>Current</u> Fiscal Year Approved Budget	3. <u>Next</u> Fiscal Year Projected Budget
a. Permanent Staff Salary & Wages			
i. administrative (# Staff? _____)	\$ _____	\$ _____	\$ _____
ii. artistic (# _____)	\$ _____	\$ _____	\$ _____
iii. technical (#Staff? _____)	\$ _____	\$ _____	\$ _____
b. Fringe Benefits	\$ _____	\$ _____	\$ _____
c. Fees for Outside Professional Services/Contracts	\$ _____	\$ _____	\$ _____
i. administrative	\$ _____	\$ _____	\$ _____
ii. artistic	\$ _____	\$ _____	\$ _____
iii. technical and other	\$ _____	\$ _____	\$ _____
d. Space Rental	\$ _____	\$ _____	\$ _____
e. Travel & Transportation	\$ _____	\$ _____	\$ _____
f. Sub – granting	\$ _____	\$ _____	\$ _____
g. Miscellaneous Operating Expenses	\$ _____	\$ _____	\$ _____
i. equipment rental	\$ _____	\$ _____	\$ _____
ii. shipping	\$ _____	\$ _____	\$ _____
iii. supplies & materials	\$ _____	\$ _____	\$ _____
iv. exhibition rental fees	\$ _____	\$ _____	\$ _____
v. marketing & presentation	\$ _____	\$ _____	\$ _____
vi. printing	\$ _____	\$ _____	\$ _____
vii. insurance	\$ _____	\$ _____	\$ _____
viii. other (Specify) _____	\$ _____	\$ _____	\$ _____
h. Production or Exhibit costs (Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
i. Other Expenses (Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
j. Debt Reduction (Describe below)	\$ _____	\$ _____	\$ _____
k. Capital Expenditures/Acquisitions	\$ _____	\$ _____	\$ _____
l. Restricted Funds (Describe) _____	\$ _____	\$ _____	\$ _____
TOTAL EXPENSES	\$0	\$0	\$0
TOTAL INCOME (from previous page)	\$0	\$0	\$0
Surplus/Deficit (describe below)	\$0	\$0	\$0

EXPLANATORY NOTES: Please be sure to describe the following: Dramatic changes in line items from year to year, deficits, surpluses and other figures that may need to be explained to the ACD Advisory Board Review Panel.

If funding is awarded, the applicant hereby assures the Arts and Culture Department that:

1. Any funds received as a result of this application will be used **solely** for the project described.
2. The activities and services for which financial assistance is sought will be administered by or under the supervision of the applicant organization. (In the case of umbrella projects, the applicant is the umbrella organization.)
3. The applicant organization is a non-profit entity as defined by the Internal Revenue Service, or an educational institution, or a unit of government.
4. The applicant organization will comply with the following: Title VI of the Civil Rights Acts of 1964; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990 and City of El Paso Ordinance #9779 C. 1. regarding accessibility; Drug Free Workplace Act of 1988; Texas Assumed Business or Professional Name Act; Section 5(j) of National Foundation of the Arts and Humanities Act of 1965 regarding labor standards and City of El Paso Ordinance #8790 regarding soliciting money or property.
5. The applicant organization officials have read, understand and will conform to the intent outlined in the current "Funding Program Guidelines" for the City of El Paso, Arts and Culture Department.
6. The undersigned have been duly authorized by the applicant organization to submit this application.

In addition to the assurances listed above, the applicant organization hereby assures the City of El Paso, Arts and Culture Department and the Texas Commission on the Arts that the applicant organization will comply with the following: Equity Mandate regarding equitable procedures for the distribution of resources to recipients who reflect the geographical, cultural, and ethnic diversity of the state's population; Obscenity Clause - Section 10 (7) (b) of the Texas Commission on the Arts' Enabling Legislation, which prohibits the Texas Commission on the Arts and its grantees from knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program which includes obscene material as defined in Section 43.21 Penal Code of Texas.

I certify that all information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

- **Authorized Official** - a principal of the organization with legal authority to certify the information contained in the application and sign contracts for the organization; he/she must read and guarantee the organization's compliance with all requirements listed above.
- Covered Entities must be signed by the principal of the non-profit umbrella organization with legal authority to certify the information contained in the application.

NOTE: Please use **BLUE ink** for signatures **PRINT YOUR COMPLETE LEGAL NAME.**

Authorized Official/Board Chair - Signature

Complete Legal Name (print)

Date

Project/Executive Director - Signature

Complete Legal Name (print)

Date

BEFORE SUBMITTING YOUR APPLICATION, PLEASE REVIEW THE FOLLOWING:

- Is the application **typed or computer printed** in large, easy to read type?
- Did you **complete all sections** of the application?
- Did you **check the math** in the financial section for accuracy?
- Does this page have both **required original signatures in BLUE ink**?
- Have you made **1 original and 1 copy (NOT stapled)** of all **completed** pages 1-13 and **kept one copy for your files**?
- Have you included **one complete set of required attachments**?
- Consult the current revision of the "Funding Program Guidelines" for details on the application process.

SUBMIT SIGNED ORIGINAL PLUS ONE COMPLETE COPY OF EACH REQUIRED DOCUMENT

SUBMIT TO ACD WITH YOUR FUNDING APPLICATION.

DATE: _____

This form will be placed on file with:

Community and Human Development Department
Attention: ADA Coordinator
2 Civic Center Plaza, 8th Floor
El Paso, Texas 79901

- **Site List:** Provide addresses for **all public sites** to be used for the proposed project. (If a section is **not** applicable, note reason - e.g. "Non Visitation Office at home," not open to public or no rehearsal space.)
NOTE: Attach a list if more than one Rehearsal or Performance site.

Rehearsal Address:

Performance: Address:

Additional Addresses

Mark ONE Only (Office)

☐ **Non-Visitation Office Address:**

☐ **Open to the Public Address:**

Other: Explain _____

- **Self-Evaluation:** Attach a **current Guidelines/Self-Evaluation** form **for each of the above sites**. If the site has been modified, or if a Self-Evaluation has not been performed on the site, the applicant must complete and submit a current form. Blank forms are available at ACD or on our website.
- **Transition Plan:** If the ADA Coordinator has found a proposed site to be in Conditional or Non-Compliance, the applicant must also submit a copy of the **Transition Plan**. The Transition Plan is a written agreement between the location's owners or occupants and the City, detailing changes required to the site with a given deadline for improvements. The Transition Plan (if applicable) should also be on file at the proposed site.

ASSURANCE OF ACCESSIBILITY: As required by the City of El Paso, Arts and Culture Department's Funding Program Guidelines, the applicant, named below, agrees to comply with the City of El Paso Ordinance #9779 regarding Non-Discrimination Against Disabled Persons, and all requirements imposed by said ordinance. The applicant agrees that in accordance with the foregoing requirements, no qualified person shall, on the basis of disability, be excluded from participation in or be denied the benefits of any program or activity receiving financial assistance from or operated by the City of El Paso, or be subjected to discrimination with respect to employment by any recipient of City funds.

The applicant understands that any site changes require notification of both the ACD and the ADA Coordinator **at least 60 days prior to use of the new site**. Questions regarding the above information may be addressed to the contact person listed below. The ADA Coordinator will notify the applicant by letter regarding accessibility status. A copy will be placed on file with the Arts and Culture Department.

PLEASE PRINT

Applicant Organization: _____ **Contact Person:** _____

Address/Zip: _____

Organization Contact Phone: _____

Signature (in BLUE INK)